

CORPORATECONCIERGE, inc.

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name: _____ Date: _____

Title: _____ Company: _____

Address: _____ Suite # _____

City: _____ State: _____ Zip code _____

Phone #: _____ Email _____

Home Phone (OPTIONAL): _____ Fax Phone: _____

Former CCI Member: _____ YES _____ NO Date/Building _____

Why do you want to become an Associate Member of Corporate Concierge, Inc.?
(attach separate sheet if necessary)

How would your Company/Business/Service benefit Corporate Concierge, Inc. members and their clients?

Provide a brief description of your Company/Business/Service.

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Who referred you to Corporate Concierge, Inc.	
Name	Title
Company	Phone Number

Type of Business:

(check all that apply)

Hospitality Cultural/Arts/Entertainment

PR/Marketing Retail

Other _____

Membership Criteria:

- Former Corporate Concierge members
- Marketing, Sales or other representatives of Arts, cultural and/or entertainment organizations.
- Business Sales or Catering Directors of Hotels and Restaurants
- Members of the Hospitality industry
- Publishers of media that cater to the above mentioned organizations
- Individuals who promote and enhance the Hospitality and cultural communities in the Dallas Fort Worth area.

Signature _____ Date: _____

Please return the completed application, a business card, and membership dues to:

Susan Parker
President
1445 Ross Avenue
Suite 5100
Dallas, TX 75202

Please contact me at membership@corporateconciergeinc.org if you have any questions.

Thank you and we look forward to receiving your application.